

Reviews Mixed on Penitentiary Health Care

A mix of criticism and praise is contained in a report on the health services at the Walla Walla State Penitentiary submitted to federal judge Jack Tanner on January 30. The report was the work of a joint WSMA-Washington Council on Crime and Delinquency (WCCD) audit team requested by the state after the judge ruled in June 1980 that prison conditions constitute "cruel and unusual punishment." Part of his order to the state to improve conditions was a complete audit of the prison's health services.

The 15-member audit team, which made three site visits to the prison, was co-chaired by Dr. Rory Laughery, chairman of the WSMA Jail and Prison Health Committee, and Jack Ellis of the WCCD.

The team examined medical, nursing, dental and mental health care at the prison, along with the pharmacy, health records and administrative procedures. Team members interviewed

health and corrections staff, inmates, the director of the Division of Adult Corrections and the superintendent of the prison in order to determine the effectiveness of the prison health system. AMA standards, state laws and regulations, and community practices were used as criteria.

In their report the team criticized floundering leadership within the corrections system that has spilled over to the health services and made it difficult to deliver adequate care. Because of that finding, the team stressed that what is needed most is strong and consistent leadership from the prison superintendent and the director of corrections which supports the health services. Without that, the team concluded, whatever improvements are made are likely to be transient.

The team also pointed out that "health professionals in the prison must maintain an orientation to their patients as their top priority. Health

care professionals' first calling is to their patients. Health care providers in the jail or prison setting are not working to serve corrections. However, health care and corrections personnel must work together closely for care to be provided appropriately, securely and expediently."

The report noted that many improvements in health care delivery during the past year and a half must be attributed to the efforts of Dr. George Kuzma and Dr. William Catelli of the Walla Walla area, and the health care manager. Dr. Kuzma agreed to develop a quality assurance program and supervise the physician's assistants and other mid-level practitioners. Dr. Catelli and his emergency room group came to the state's rescue last spring when there were no physicians available to serve at the penitentiary. His group provided both service and professional leadership.

Drs. Kuzma and Catelli are continuing to work in the prison, but the report indicates that they will need help and support from the medical community as well as the prison administration to be truly successful.

The team found the gravest deficiencies in psychiatric and mental health services. Simply being in prison is stressful and most of the inmates live in constant fear of attack. Inadequate mental health services can and do lead to personal and institutional violence, the team report stated.

The team recommended immediate upgrading of the psychiatric and mental health services. Currently there is a 28-bed inpatient psychiatric unit (which also serves inmates from Monroe and Shelton). Two Seattle psychiatrists commute to the penitentiary to provide a total of three days per week of outpatient care and one day per week on the inpatient unit. "Treating psychiatrists have had to resort to heavier drug therapies than desired because their options for follow-up and intermediate forms of care and counseling are so limited. The

Perspective on Practice 'Behind the Walls'

Providing quality health services in a large maximum security institution has many built-in difficulties not found in community practice. Logistics are a major problem — many locked doors and gates must be opened for the patient to get to the physician and for the physician to see the patient, and either way a guard is present or nearby. The role and attitude of the corrections officers and administration, who control movement in the institution, are crucial to health services delivery.

The simple prescription of medications is another example of the difficulty in practicing behind the walls. Every physician has had to deal with the patient who is more interested in obtaining a drug for uses other than therapy and improved health. But in the prison this unfortunately becomes an overwhelming preoccupation of the prescribing physicians because of the potential consequences. Not only can the drugs be abused, as on the outside, but in the small, closed prison community they take on a currency value that can result in blackmail, debts, beatings, and even death. The patient cannot simply have his bottle of pills in these circumstances. The successful practitioner must have good skills and deft touch with patients, and a heightened sensitivity to find the difference between need and abuse.

Though the job can seem overwhelming, it also presents a challenge, particularly to those physicians who continually seek to both solve problems and heal others. Good systems of care can be developed which are rewarding for both patient and provider. In this context, the physician has a good chance to have not just a role in healing the patient, but in healing the person as well. □